

WRAMC's Protocols for Response to Potential Bioterrorism Agents

BIOTERRORISM: Infection Control Practices for Patient Management																
Patient Management	BACTERIAL AGENTS								VIRUSES				BIOLOGICAL TOXINS			
	Anthrax	Brucellosis	Cholera	Glanders(rarely seen)	Bubonic Plague	Pneumonic Plague	Tularemia	Q Fevers	Smallpox	Venez. Equine Encephalitis	Viral Encephalitis	Viral Hemor. Fever	Botulism	Ricin	T-2 Mycotoxins	Staph. Enterotoxin B
Isolation Precaution																
Standard Precautions for all aspects of patient care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Contact Precautions		X							X			X				
Airborne Precautions				X					X							
Use of N95 mask by all individuals entering the room									X							
Droplet Precautions						X				X						
Wash hands with antimicrobial soap		X	X						X			X				
Patient Placement																
No restrictions	X						X						X	X	X	X
Cohort "like" patients when private room unavailable			X		X	X	X				X					
Private Room		X	X	X	X	X			X	X		X				
Negative Pressure									X							
Door closed at all times				X					X							
Patient Transport																
No restrictions	X						X	X			X		X	X	X	X
Limit movement to essential medical purposes only		X	X	X	X	X			X	X		X				
Place mask on patient to minimize dispersal of droplets				X		X			X	X						
Cleaning, Disinfection of Equipment																
Routined terminal cleaning of room with hospital approved disinfectant upon discharge			X	X			X	X	X	X	X		X	X	X	X
Disinfect surfaces with bleach/water soln of 1:9 (10%)	X	X			X	X						X				
Dedicated equipment that is disinfected prior to leaving room		X							X			X				
Linen management as with all other patients	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
RMW handled per WRAMC policy	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Discharge Management																
No special discharge instruction necessary	X		X	X			X	X		X	X		X	X	X	X
Home care providers need to be taught principles of Standard Precautions	X	X			X	X						X				
Not discharged from hospital until determined no longer infectious						X			X			X				
Patient usually not discharged until 72 hours of antibiotics completed						X										
Post-mortem Care																
Follow principles of Standard Precautions	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Droplet Precautions						X										
Airborne Precautions									X							
Use of N95 mask by all individuals entering the room									X							
Negative Pressure									X							
Contact Precautions									X			X				
Routined terminal cleaning of room with hospital approved disinfectant upon autopsy		X	X	X			X	X	X	X	X		X	X	X	X
Disinfect surfaces with bleach/water soln of 1:9 (10%)	X				X	X						X				

Standard Precautions - Standard Precautions prevent direct contact with all body fluids (including blood), secretions, excretions, non-intact skin (including rashes) and mucous membranes. Standard Precautions routinely practiced by health-care providers include: Handwashing, gloves when contacted with above, mask/eye protection/face shield while performing procedures that cause splash/spray and gowns to protect skin and clothing during procedures.

Ref: Journal Of Environmental Health, June 2000, Chris Layne, NEHA Project Coordinator, pp 22-23.